



PRIVACY ACT STATEMENT



Name: _____ Date of Birth: _____

Primary Phone: _____ Alternative Phone: _____

Email: _____

Address: _____ Apartment/Unit: _____

City: _____ State: _____ Zip: _____

The federal agency I need assistance with: _____ (V.A., Social Security, etc.)

SSN: _____ or VA# / Case #: _____

The issue I am having is:

The resolution I am seeking is:

Signature: _____ Date: _____

226 Taylor St.
Suite 230
Punta Gorda, FL 33950

7590 Fruitville Rd.
Suite 102
Sarasota, FL 34240

Phone: 941-499-3214
Fax: 941-575-9103

Note: The Privacy Act requires the completion of this form in order for Congressman Steube or his representatives to receive information on behalf of his constituents. I hereby authorize Congressman Steube or his representatives to receive information on my behalf and/or to discuss my records with the agency involved.

The Privacy Act of 1974, 5 U.S.C. 552a, provides protection to individuals by ensuring that personal information collected by federal agencies is limited to that which is legally authorized and necessary and is maintained in a manner which precludes unwarranted intrusions upon individual privacy.